

**February 2011**

## Submitting Professional Cross-Over claims with Secondary Insurance Electronically to ProviderOne

The Medicaid Purchasing Administration offers a process to submit and accepts cross over and secondary insurance claims electronically from providers. The ProviderOne system has a Direct Data Entry (DDE) feature for submitting cross over claims with secondary insurance. The Department also accepts and processes HIPAA compliant electronic batch claims that contain all the required information along with Adjustment Reason Code(s) without sending the EOB. The **Medicare Advantage Plans** claims need to be submitted to the Department as cross over claims as these plans are NOT commercial insurance.

### DDE claim – not sending the EOB:

A provider would log into their ProviderOne domain and use the **Claims Submitter** or **Super User** profile. Go to the **Claims** option and click on the **Online Claim Entry** sub option, then pick *Professional claim*. Fill in the claim information boxes and answer all the questions required to submit a claim.

For a secondary insurance claim answer this question “Yes”

☒ Yes ☐ No

Clicking “Yes” opens the insurance information boxes. Expand the **Additional Other Payer Information** section and fill in the fields outlined in red.

**Other Payer Information**  
 \* Payer/Insurance Organization Name:   
 Additional Other Payer Information  
 Entity Qualifier:   
 \* ID:  \* ID Type:   
 Adjudication Date:     
 Number Type:   
 PA/Referral No.:   
 Payer Claim Adjustment: ☐ Yes ☒ No  
 + Secondary ID Information  
 + Contact Information  
 COB Monetary Amounts  
 COB Payer Paid Amount:

\* Asterisk fields are required and other fields are informational. Add the name of the insurance company. Add the Entity Qualifier, insurance company ID number, ID Type and enter the process date off the EOB.

Next enter the amount paid by the insurance in the COB Payer Paid field. If the insurance applied to deductible enter a zero here. If the insurance denied the claim enter a zero here.

What is the **ID** number? Use the insurance company carrier code from the client eligibility check, the insurance payer number, or other insurance ID number. Use the same number in all **ID** fields.

Coordination of Benefits Information									
Service Type Code ▲▼	Insurance Type Code ▲▼	Insurance Co. Name & Contact ▲▼	Carrier Code ▲▼	Policy Holder Name ▲▼	Policy Number ▲▼	Group Number ▲▼	Plan Sponsor ▲▼	Start Date ▲▼	End Date ▲▼
30: Health Benefit Plan Coverage	C1: Commercial	PREMERA BLUE CROSS/BCBS OF AK (800) 345-6784	BC01	SUPER MAN	100883158			03/01/2007	12/31/2999

Now add the required Claim Note of “**Electronic TPL**.”

CLAIM NOTE  
 \* Type Code:   
 \* Note:   
 characters remaining: 66

Now answer the Medicare Crossover question “Yes”

☒ Yes ☐ No

Fill out the **Basic Service Line Items** information for each line on the claim.

Clicking “Yes” opens the Medicare information boxes for completion in the Basic Service Line Items section. Complete for each line of service.

**Medicare Crossover Items**

\* Medicare Deductible: \$  \* Medicare Coinsurance: \$

\* Medicare Paid: \$  \* Medicare Allowed Amount: \$

\* Medicare Paid Date: mm dd cyy

After entering all the service line information, add the service line item(s) to the claim so they are displayed.

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 80

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	11/20/2009	11/20/2009	87491					1				80	1		Delete or Other Service Info

Go to the top of the claim page now to finish the insurance company information.

Path: Provider Portal/ Claim Submiss

Close Submit Claim Reset

**Professional Claim:**

Note: asterisks (\*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim Service

PROVIDER INFORMATION

Click on the “**Other Claim Info**” tab and when the screen opens scroll down to the **Coordination of Benefits** section.

**COORDINATION OF BENEFITS**

Go to Basic Claim Info to enter information about the primary subscriber (or insured person).

- CLAIM LEVEL ADJUSTMENTS
- OTHER PAYER PATIENT INFORMATION
- OTHER PAYER OPERATING PROVIDER
- OTHER PAYER OTHER PROVIDER
- OTHER PAYER ATTENDING PROVIDER
- OTHER PAYER SERVICE FACILITY PROVIDER

Click on the expander to open the **Claim Level Adjustments** screen.

Close Basic Claim Form Reset

**COORDINATION OF BENEFITS**

Go to Basic Claim Info to enter information about the primary subscriber (or insured person).

CLAIM LEVEL ADJUSTMENTS

\* Claim Adjustment Group Code: PR-Patient Responsibility

1 \* Reason Code: 3 \* Amount: 250 Quantity:

2 Reason Code:  Amount:  Quantity:

Enter the following information:

- Claim Adjustment Group Code
- Reason Code number
- Amount

Use only HIPAA compliant codes. The reason code is always numeric.

Once the insurance information is entered go to the top of the page and click on the **Basic Claim Form** button to return to the claim.

All insurance information is now added to your claim so click on the **Submit Claim** button and submit your claim.

Windows Internet Explorer

Do you want to submit any Backup Documentation?

OK Cancel

Since all the insurance information has been entered already when you get the pop up screen asking if you are sending back up documents just click on the **Cancel** button.

**You do not have to send the insurance EOB with claims entered using this method!**

Remember you must click the final **OK** button to submit the claim!

Print Print Cover Page **OK**

**NOTE: split paid and denied lines by the insurance into two claims. You can use this method to submit services denied by the insurance company also.**

## HIPAA batch claims

You can send these types of claims as batch E-claims to the Department if they are indeed HIPAA compliant claims with all our required data elements. On the secondary insurance claims you **MUST** add this specific comment “**Electronic TPL**” to the claim. Please review the HIPAA companion guides for detailed information. HIPAA information can be found at: <http://hrsa.dshs.wa.gov/dshshipaa/>

Visit our new Provider web site home page at: <http://www.dshs.wa.gov/provider/index.shtml>

For a recorded Webinar on this topic go to: <https://www2.gotomeeting.com/register/606180746>

Complete step by step instructions for submitting a DDE claim go to the Billing and Resource Guide:

[http://hrsa.dshs.wa.gov/Download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/Download/ProviderOne_Billing_and_Resource_Guide.html) starting on page 70.